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FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT DEP. DEP. DEP. IND. 1 -1. 1-1. 1. 1: ŧ ł TOTAL IND. TOTAL IND. TOTAL DEP.

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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